

Image 2835 \$
PATENT
450108-03209

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ryoji AMEMIYA et al.
Serial No. : 10/030,598
For : INFORMATION PROCESSING APPARATUS
Filed : January 7, 2002
Examiner : L. Edmonds
Art Unit : 2835

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 2, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



Signature

February 2, 2004

Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 31, 2003, please amend the above-referenced application as follows.

02/11/2004 DEMMANU1 00000157 10030598

01 FC:1201

344.00 OP

IN THE DRAWINGS:

Please add the legend --PRIOR ART-- to figures 15-18 and 20-23.



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =22	* 0 x	\$18 (9)	= \$ 0
Independent claims	7	Minus	*** =3	* 4 x	\$86 (43)	= \$ 344
Total additional fee for this amendment						\$ 344

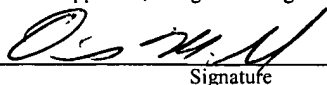
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$344.00 is attached, which covers the cost of additional claims.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative


Signature

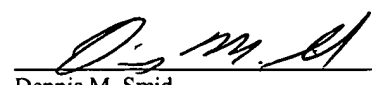
February 2, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800